

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028107
STATE FILE NUMBER

FILED AUG 25 1958 Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 170

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Audrain			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Montgomery		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Montgomery City Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Allen Nursing Home		Length of stay in lb 7 wks	d. STREET ADDRESS none (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Cynthia Middle A. Last Porter			4. DATE OF DEATH Month Aug Day 16 Year 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 4 th 1869	9. AGE (In years last birthday) 89 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Montgomery Co Mo	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Walden Clare		13b. MOTHER'S MAIDEN NAME Nancy Gilliland		14. NAME OF HUSBAND OR WIFE Chas Porter "Decd"	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	17. INFORMANT Address Mrs Clarine Hall Montgomery City Mo		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocarditis chronic DUE TO (b) Arteriosclerosis DUE TO (c) 4221F Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture of hip healed (recent)					INTERVAL BETWEEN ONSET AND DEATH 2 mo 10 yrs
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		STATE
21. I attended the deceased from 6-30-58 to 8-16-58 and last saw her alive on 8-6-58 Death occurred at 11:25 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) M.D. O			22b. ADDRESS Montgomery, Mo		22c. DATE SIGNED Aug 16, 1958
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-18-58	23c. NAME OF CEMETERY Montgomery City Cem		23d. LOCATION (City, town, or county) (State) Montgomery City Mo	
24. FUNERAL DIRECTOR Truslow		ADDRESS Montgomery City Mo		25. DATE RECD. BY LOCAL REG. Aug 18-1958	26. REGISTRAR'S SIGNATURE Blanche Neely

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Physician, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~xxx~~ on the 16 th day of Aug 1958....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

C. W. Hopkins
Signed *C. W. Hopkins*

Licensed Embalmer No. 1487.....
Montgomery City Mo
P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.